

Health Regulation Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION      |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HFD12-0077 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  |                    | (X3) DATE SURVEY COMPLETED<br><br>05/20/2010 |
| NAME OF PROVIDER OR SUPPLIER<br><br>RCM OF WASHINGTON |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1131 45TH PLACE SE<br>WASHINGTON, DC 20002   |                    |  |
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| 1 000   | INITIAL COMMENTS<br><br>A re-licensure survey was conducted from 5/19/10 through 5/20/10. A random sampling of two residents was selected from a residential population of three males with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home, as well as a review of the resident and administrative records, including the incident reports.  | 1 000  | <p><i>Received 6/4/10</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA<br/>DEPARTMENT OF HEALTH<br/>HEALTH REGULATION ADMINISTRATION<br/>825 NORTH CAPITOL ST., N.E., 2ND FLOOR<br/>WASHINGTON, D.C. 20002</p> | fff                |  |
| 1 000   | 3504.1 HOUSEKEEPING<br><br>The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.<br><br>This Statute is not met as evidenced by: Based on observation and interview, the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure the interior and exterior of the GHMRP were maintained in a safe, orderly, and attractive manner for three of the three residents. (Residents #1, #2, and #3)<br><br>The findings include:<br><br>During the inspection of the environment on 5/20/10, beginning at 1:05 p.m., the following concerns were identified:<br><br>A. Exterior<br><br>1. On the right side of the building, a section of gutter approximately 8 feet in length was observed to be bent forward and leaning downward. The adjacent section of gutter, which should also have been approximately 8 feet in | 1 000  |   | 6/9/10             |  |
|   |   |  | The gutter is scheduled for repair on 6/9/10. The house manager will continue to monitor on a monthly basis as a precautionary measure to ensure that additional repairs are not warranted.                     |                    |  |

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
STATE FORM

*[Signature]*  
XX2711

TITLE *Director of Community Affairs* (X6) DATE *6/3/10*  
If continuation sheet 1 of 7

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| 1 090   | Continued From page 1<br><br>length, was noted to be missing. Interview with the home manager confirmed that it was no longer attached and needed to be replaced.<br><br>2. Four of the six trash cans in the back yard had no lid. Trash was observed stored in two of the cans that had no lid.<br><br>B. Interior<br><br>1. The light fixture on the ceiling of the second floor (near the bathroom), lacked a protective covering.<br><br>2. The grab bar, attached to the bathtub, located in the second floor bathroom, was not tightly secured.<br><br>3. In the second floor bathroom, the caulking which sealed the tub to the wall was observed to be cracked and had mildew. Mildew was also observed on the caulking on the bathtub in the basement.<br><br>The aforementioned observations were acknowledged by the home manager and the qualified mental retardation professional, who accompanied the surveyor during the inspection of the environment. | 1 090  | Four new trash cans have been ordered. Expected date of delivery is Wednesday, June 18, 2010. In the future the house manager will ensure that trashcans are maintained in operable condition.<br><br>Light fixture was repaired on 6/1/10.<br><br>The grab bar was tightened on 6/1/10 and is now secure to the wall.<br><br>The new caulking on both bathroom tubs have been completed.<br><br>In the future the house manager and the QMRP will complete thorough walk through of the house on a monthly basis and contact maintenance for needed repair once a need is identified. | 6/18/10<br><br><br><br><br><br>6/1/10<br><br>6/1/10<br><br><br>6/1/10 |  |
| 1 206   | 3509.6 PERSONNEL POLICIES<br><br>Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties.  | 1 206  |  |   |  |

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| 1271  | Continued From page 3<br><br>agency's inspection, at any time, the following administrative records:<br><br>(b) Personnel records for all staff including job descriptions either at the GHMRP or in a central office and made available upon request;<br><br>This Statute is not met as evidenced by:<br>Based on observation, interview and record review, the GHMRP failed to ensure that the required administrative records were available for inspection for five of ten professional staff and/or consultants providing services. consultants and 2 professional staff.<br><br>The findings include:<br><br>On 5/19/10 at approximately 6:30 p.m., the qualified mental retardation professional (QMRP) was informed that health certificates, licenses, and agreements for consultants would need to be available for review by the surveyor on 5/20/10. Files were observed to be delivered to the GHMRP on the morning of 5/20/10.<br><br>Review of the files at approximately 1:00 p.m., revealed that no files were available for 3 consultants and 2 professional staff providing services to the residents at the GHMRP. | 1271   |  |                    |  |
| 1401  | 3620.3 PROFESSION SERVICES: GENERAL PROVISIONS<br><br>Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.   | 1401   | All consultant files are available for review. They were overlooked at the time of the survey and was not transported to the house for review. In the future the HR Director will ensure that all files are submitted to the surveyor(s) for review. | 6/1/10             |  |

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| I 401   | <p>Continued From page 4</p> <p>This Statute is not met as evidenced by:<br/>Based on interview and record review, the GHMRP failed to ensure professional services were provided in accordance with the needs of one to two residents in the sample. (Resident #1)</p> <p>The findings include:</p> <p>1. The GHMRP failed to ensure dental services were provided in accordance with the needs of Resident #1, as evidenced below:</p> <p>Record review on 5/20/10 at 10:47 a.m. revealed the following information regarding Resident #1's dental care:</p> <p>(a) 9/8/09 - Consultation: The dentist noted that Resident #1 needed a dental scaling due to an accumulation of plaque and calculus. The dentist's also noted that a crown was needed for teeth #30 and #31. The dentist noted that authorization would be sought to perform the needed services.</p> <p>(b) 11/10/09 - Appointment was not completed because the dentist's office was closed.</p> <p>(c) 11/18/09 - Crown for teeth #'s 30 and 31 was inserted. The dentist noted that the GHMRP should call in two or three weeks to schedule an appointment, however failed to state the reason for the next visit.</p> <p>(d) 4/21/10 - Dental Assessment: Periodontal evaluation, X-rays, bleeding index, and perio-probing. Dental scaling was again recommended. The consult report indicated that authorization would be sought to perform the recommended services.</p> | I 401   |  | hhhh                     |   |

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| I 401   | <p>Continued From page 5</p> <p>Interview with the LPNC on 5/20/10 at approximately 11:04 a.m. and the continued record review at that time, revealed that Resident #1's last dental scaling was performed on 9/23/08. At the time of the survey, there was no evidence comprehensive dental treatment services had been provided timely for the resident.</p> <p>2. The GHMRP failed to ensure timely follow-up on the results of of Resident #1's ophthalmology appointments, as evidenced below:</p> <p>Interview with staff on 5/19/10 at 5:47 p.m., revealed Resident #1 had very poor eyesight and that his glasses did not improve his vision. At that time of the observation, the resident was not wearing glasses. Interview with staff on 5/20/10 at approximately 10:15 a.m. revealed that if the resident put his glasses on, he would not wear them for very long. The subsequent observation at that time revealed eye glasses on the shelf in the living room.</p> <p>Interview with the licensed practical nurse coordinator (LPNC) on 5/20/10 at 9:50 a.m., revealed that the resident's guardian, had gone on several eye appointments with him in 2009, to obtain opinions concerning his vision prognosis. According to the nurse, the resident had been diagnosed with retinitis pigmentosa by several specialists, and the prognosis for improvement in his eye sight was very poor.</p> <p>Continued interview with the LPNC on 5/20/10, at approximately 10:15 a.m., revealed Resident #1's legal guardian requested to have additional verification concerning the status of the resident's vision, and therefore appointments were scheduled with ophthalmology specialists.</p> | I 401   | <p>A dental examination has been scheduled for Monday, June 21, 2010 for dental scaling. Recommendations made at this consultation will be closely monitored by the RN and followed up in a timely manner.</p> | 6/21/10   |

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| I 401   | <p>Continued From page 6</p> <p>Record review on 5/20/10, at 10:25 a.m., revealed Resident #1 had several ophthalmology consultations, for which there were no reports available, as follows:</p> <p>(a) 9/4/09 Handwritten note on the consult form states "Unclear if this appointment was kept".</p> <p>(b) 9/18/09 - Had appointment with the retinal specialist, however the resident's record does not include the results of the consult.</p> <p>Continued interview with the LPNC on 5/20/10, at approximately 10:40 a.m., revealed Resident #1 had a third opinion appointment with an ophthalmology specialist to verify the status of his vision. This consultation report, dated 10/20/09 revealed the client was diagnosed with Retinitis Pigmentosa and was recommended to return for annual follow-up. The specialist also noted, "Will obtain consult from the NEI. Will contact patient's mother regarding it." Interview with the LPNC and the registered nurse at approximately 10:47 a.m., revealed that the ophthalmology specialist failed to explain the meaning of the "NEI" mentioned on the consultation report.</p> <p>At the time of the survey, there was no evidence that the GHMRP had obtained the results of the 9/4/09 and 9/18/09 ophthalmology consultations. Additionally, there was no evidence that the retinopathy specialist had been contacted to obtain the details concerning the NEI.</p> | I 401   | <p>The QMRP has drafted a letter (see attached) to Dr. Sunga to obtain clarification regarding what was written on the consult form as well as to get the status of NEI. The individual's family member was also contacted regarding this matter. According the individual's mother, she was notified that the test needed to be completed and she would get a call when the test would be scheduled as she would need to sign the consent. She informed the LPN that she would contact her once she is contacted again by Dr. Sunga.</p> | 5/28/10   |